

Texas Department of State Health Services

F40-C Biothreat Specimen Submission Form (Jan 2022)

CLIA #45D0503753 APHIS Permit #51120

Place DSHS Bar Code Label / Address-O-Graph Here

P:(956) 364-8746 FAX:(956) 4		www.dshs.te	exas.gov	v/lab/so_tx_lab						
Please PRINT-all FIELDS MUST be FILLED IN-Enter N/A if Appropriate										
Has FBI been notified? YES NO										
	Section 1. SUBMITTER Submission Date						2. Reporting Inform	ation		
Submitting Agency Case #	Submis	sion Date		Submitter	r#	Agency	y/Submitter Name		*	
Agency / Submitter Name						Address				
Address						City		State Zip Co	de	
City	State Zip Code Phone #		Phone #		Fax#	Phone #				
Email Address Signature						Email Address				
Section 3. HAZMAT SCREEN										
RESULTS OF HAZARDOUS MATERIAL SCREEN DONE BY SUBMITTING AGENCY (The Laboratory may REJECT Specimens that have not been subject to a Hazard Material Screen)										
Explosive Che Laboratory may REJECT Specimens that have not been subject to a Hazard Material Screen) Oxidizer Oxidizer										
Protein ☐ Radioactive ☐ Corrosive (pH) ☐										
Section 4. SAMPLE COLLECTION & SIZE LIMITATION										
 At a minimum, all materials submitted for testing must be placed in sealed, triple containers 										
 Outer packaging must be treated with a disinfectant effective against bacterial spores, e.g., 10% bleach contact time 10 minutes Material packaging must not exceed 15"x15"x15" If suspect material is a liquid, submit 5ml (5cc) Samples can only be returned to the submitter 										
Section 5. SUBMITTED ITEMS										
All Negative Samples will be Destroyed unless otherwise Indicated										
Item # Description									Return to Submitter?	
									☐ YES	□ №
									☐ YES	□NO
									☐ YES	□ NO
X/										□ №
FOR LABORATORY USE ONLY: CHAIN OF CUSTODY										
				ase #						
Received by: (print)		\cdot	F	Received by	y: (sign)			Date:	Time:	
Agency:		N.K.							.	
Comment:										
Received by: (print)				Received by: (sign)			Date:	Time:		
Agency:										
Comment:										
Received by: (print) Received by: (sign)								Date:	Time:	
Agency:										
Comment:										
Received by: (print)	Received by: (sign)							Date:	Time:	
Agency:										
Comment:										
Sample Description :										
Additional Comments or Instructions:										
Additional Continents of Instructions:										